

TACTICAL RESPONSE REPORT/Chicago Police Department


1. DATE OF INCIDENT 02-OCT-2011		TIME 19:54:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 291		4. BEAT/OCCUR 0835		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME [REDACTED]		7. FIRST NAME [REDACTED]		8. STAR NO. 8777		9. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
	10. RACE CODE WHI		11. AGE [REDACTED]		12. HT 602		13. WT 135			
SUBJECT INFORMATION	14. DATE OF APPT 30-JUL-2001		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 008 0873		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input type="checkbox"/> M <input type="checkbox"/> F		24. RACE [REDACTED]	
	25. D.O.B. [REDACTED]		26. HT [REDACTED]		27. WT [REDACTED]					
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS [REDACTED]		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence		36. CHARGES PLACED <input checked="" type="checkbox"/> DNA		37. CB NO. [REDACTED]	
	38. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]	
	39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]		39. CHARGES PLACED [REDACTED]	
SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
	OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
MEMBER'S RESPONSE	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW STRIKE		KNIFE STRIKE		FIREARM	
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		KICKS		OTHER	
	ESCORT HOLDS		OC CHEMICAL WEAPON		IMPACT WEAPON (Describe in Box 40)		IMPACT MUNITION (Describe in Box 40)			
	WRISTLOCK		CANINE		OTHER					
WEAPON DISCHARGE INCIDENT	ARMBAR		TASER (Probe Discharge)							
	PRESSURE SENSITIVE AREAS		TASER (Contact Stun)							
	CONTROL INSTRUMENT		TASER (Laser Targeted)							
	OC/CHEMICAL WEAPON WAIVER AUTHORIZATION		TASER (Spark Displayed)							
CASE INFO.	OTHER		OTHER							
	OTHER		OTHER							
	OTHER		OTHER							
	OTHER		OTHER							
SIGNATURES	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION R/O'S WHERE ATTACKED BY A PIT BULL. R/O FIRED ONE SHOT INTO THE DIRT MISSING THE DOG.							
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]					
	41. WEAPON TYPE <input checked="" type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. INCIDENT OCCURRENCE <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial		44. WEATHER CONDITIONS CLEAR			
	45. MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)		46. MODEL 5943TSW		47. BARREL LENGTH 4"		48. CALIBER/GAUGE 9 MM			
SIGNATURES	49. TASER DART ID NO. TDS6279		50. WEAPON SERIAL NO. (Include Letters) [REDACTED]		51. CHICAGO GUN REG. NO. 628688		52. IL FIREARM OWNER ID. NO. 67470413		53. HANDGUN CERTIFICATE NO. [REDACTED]	
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		55. PROPERTY INVENTORY NO. [REDACTED]		56. TYPE OF AMMUNITION USED Department Issued		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		58. TOTAL NO. OF SHOTS MEMBER FIRED 1	
	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]		62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)			
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO					
SIGNATURES	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC.) NONE		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.							
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input checked="" type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)							
	70. NOTIFICATIONS (OC OR TASER INCIDENT): OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.		70. NOTIFICATIONS (FIREARM INCIDENT): OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET. DIV.							
	Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	71. REPORTING MEMBER (Print Name) OLDENBURGER, BOB		STAR/EMPLOYEE NO. 8777		SIGNATURE [REDACTED]					
	72. REVIEWING SUPERVISOR (Print Name) MAIDA, CHARLES V		STAR NO. 1359		SIGNATURE [REDACTED]		DATE REVIEWED 02-OCT-2011 21:18:58		TIME 02-OCT-2011 21:18:58	
	73. REVIEWING SUPERVISOR (Print Name) MAIDA, CHARLES V		STAR NO. 1359		SIGNATURE [REDACTED]		DATE REVIEWED 02-OCT-2011 21:18:58		TIME 02-OCT-2011 21:18:58	
	74. REVIEWING SUPERVISOR (Print Name) MAIDA, CHARLES V		STAR NO. 1359		SIGNATURE [REDACTED]		DATE REVIEWED 02-OCT-2011 21:18:58		TIME 02-OCT-2011 21:18:58	

CPD-11.377 (REV. 10/07)

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY ILLEGAL USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE		<input checked="" type="checkbox"/> INA	<input type="checkbox"/> REFUSED	<input type="checkbox"/> UNABLE TO INTERVIEW (Specify Reason)
76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING The officer discharged his weapon at a dog that charged at and attempted to bite the officer. The officer missed the dog with the round lodging in the dirt. Based on available information, the officer's actions were in compliance with department directives. IPRA-Heard @ 2105hrs, CPIC-Anderson 3129 @ 2040hrs.				
77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION <input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES <input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED. LOG NO./CRNO <u>1048985</u> OBTAINED				
78. WATCH COMMANDER/OCIC (Print Name) OSTROWSKI, DONALD J		SIGNATURE 		DATE COMPLETED TIME 02-OCT-2011 21:26:15
79. DISTRIBUTION OF ORIGINAL TRR: A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS				
ATTACHMENTS - PHOTOCOPIES OF: <input type="checkbox"/> CASE REPORT <input type="checkbox"/> ARREST REPORT		<input type="checkbox"/> SUPPLEMENTARY REPORT <input type="checkbox"/> OFFICER BATTERY REPORT <input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)		<input type="checkbox"/> I.O.D. REPORT <input type="checkbox"/> CR INITIATION REPORT 80. TOTAL TRR'S THIS EVENT No. 1